

RESERVE COMPONENT SURVIVOR BENEFIT PLAN
NOTICE OF CHANGE OF BENEFICIARY

PRIVACY ACT STATEMENT

AUTHORITY: 10 USCA Chapter 73, Subchapter II, Survivor Benefit plan

PRINCIPAL PURPOSE(S): To allow military personnel to elect to participate in the Survivor Benefit Plan

ROUTINE USES: Information will be used by DOD personnel to act upon individual's request for RCSBP Coverage

DISCLOSURE IS VOLUNTARY: However, if individual fails to return form and elect one of the options, his/her dependents would not be covered under the Reserve Component Survivor Benefit Plan (RCSBP)

I MEMBER INFORMATION

1. Name (Last, First, M.I.)	2. Social Security Number	3. Rank/Rate	4. Date of Birth (Mo., Day, Yr.)
5. Mailing Address	6. City	7. State	8. Zip Code
9. Telephone Number			

II MARITAL/DEPENDENCY STATUS

10. Marital Status Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Dependent Children Do you have dependent child(ren)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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III CURRENT COVERAGE

12. Previous Election Option (Place an "X" in the box that applies) <input type="checkbox"/> A. No coverage - declined participation. <input type="checkbox"/> B. Deferred annuity <input type="checkbox"/> C. Immediate annuity	13. Previous Level of Coverage (Place an "X" in the box that applies) <input type="checkbox"/> FULL RETIRED PAY <input type="checkbox"/> REDUCED BASE AMOUNT \$ _____						
14. Previous Type of Coverage (Place an "X" in the box that applies) <table style="width: 100%;"><tr><td><input type="checkbox"/> Spouse only</td><td><input type="checkbox"/> Former spouse only</td></tr><tr><td><input type="checkbox"/> Spouse and child(ren)</td><td><input type="checkbox"/> Former spouse and child(ren)</td></tr><tr><td><input type="checkbox"/> Child (ren) only</td><td><input type="checkbox"/> Insurable interest</td></tr></table>		<input type="checkbox"/> Spouse only	<input type="checkbox"/> Former spouse only	<input type="checkbox"/> Spouse and child(ren)	<input type="checkbox"/> Former spouse and child(ren)	<input type="checkbox"/> Child (ren) only	<input type="checkbox"/> Insurable interest
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<input type="checkbox"/> Spouse and child(ren)	<input type="checkbox"/> Former spouse and child(ren)						
<input type="checkbox"/> Child (ren) only	<input type="checkbox"/> Insurable interest						

IV DESIRED COVERAGE CHANGE

15. Change my RC-SBP coverage as follows because of marriage or a change in my dependents' status after my previous election. (Place an "X" in the box that applies)

☐ Spouse only (complete blocks 22-25)

☐ Spouse and child(ren) (complete blocks 22-26)

☐ Child(ren) only (complete block 26)

☐ Former spouse only (complete blocks 27-31 and 33-46)

☐ Former spouse and child(ren) (complete blocks 27-46)

☐ Terminate enrollment

☐ Change in level of coverage (only permitted during first year of remarriage)

☐ From: \$ _____ To: \$ _____ (up to full amount retired pay)

V SUPPLEMENTAL COVERAGE

Place an "X" in block 16 if you desire Supplemental coverage for spouse/former spouse beneficiary to have post age - 62 survivor benefits increased by one of the percentage levels shown below.

16. SUPPLEMENTAL COVERAGE FOR THE SPOUSE/FORMER SPOUSE PORTION OF MY SURVIVOR BENEFIT PLAN ELECTION.
(NOTE: Your coverage amount must be based on full retired pay in order to make a supplemental spouse/former spouse election.)
(Select One)

☐ 5% LEVEL ☐ 10% LEVEL ☐ 15% LEVEL ☐ 20% LEVEL

NOTE: By making an election of supplemental SBP coverage you waive your right to have an annuity computed under the Social Security Offset provisions of 10 USC 1451(a).

VI MEMBER CERTIFICATION

17. MEMBER'S SIGNATURE	18. DATE	19. WITNESS' SIGNATURE (not a beneficiary)
		20. WITNESS' ADDRESS
		21. CITY, STATE, ZIP

VII SPOUSE AND/OR CHILD(REN) INFORMATION

22. Name of Spouse	23. Spouse's Social Security Number	24. Spouse's Date of Birth	25. Date of Marriage
26. DEPENDENT CHILDREN			
NAME	DATE OF BIRTH	RELATIONSHIP (Son, Daughter, Stepson, etc.)	DISABLED (Place an "X" by yes/no)
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

VIII FORMER SPOUSE INFORMATION

27. Name of Former Spouse (Last name, First, M.I.)	28. Former Spouse's SSN	29. Date of Birth	30. Date of Marriage	31. Date of Divorce
32. Name(s) of Child(ren) of Marriage to this Former Spouse to be included in your election				
NAME (Last name, First, M.I.)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RELATIONSHIP (Son, Daughter, Stepson, etc.)	

IX ELECTION STATEMENT FOR FORMER SPOUSE COVERAGE

Members participating in RCSBP with spouse or spouse and child(ren) coverage may elect former spouse and child(ren) coverage (within one year after the date of the decree of divorce) provided the child(ren) resulted from the member's marriage to the former spouse and the former spouse was not member's former spouse at the time of retirement with pay. If former spouse coverage is desired, the member must complete the following statement at time of election and both the member and the former spouse must sign below.

33. If currently married, provide name and address of current spouse:

NAME (Current Spouse)	ADDRESS	CITY	STATE	ZIP CODE

ITEM	YES	NO	Place an "X" under yes or no by the questions below.
34.			Is this election made pursuant to a court order?
35.			Is this election made pursuant to a voluntary written agreement between yourself and your former spouse?
36.			If there is a voluntary written agreement, has such written agreement been incorporated in or ratified by a court?

MEMBER AND FORMER SPOUSE SIGNATURE BLOCK

MEMBER		FORMER SPOUSE	
37. Member's Signature	38. Date	42. Former Spouse's Signature	43. Date
39. Address		44. Address	
40. City		45. City	
41. State and Zip Code		46. State and Zip Code	